

NOB

DETAINEE MEDICAL PROFILE

ALLERGIES:

NKDA

DIET:

Date
Problem
Noted

Diagnosis

Date

Procedures/Admissions

H/O - PVD

H/O - NEPHROLITHIASIS

6/28/03 VOLUNTARY MALNUTRITION/DEHYDRATION

TREATMENTS:

IMMUNIZATIONS:

Date

Procedure

Date

Vaccine

PPD

Hep B

Hep A

Flu

MMR

Tetanus

9/6/03 HIV Neg

DITP 888 800 - 2093

ISN: 0693

Cell Block:

MEDICAL RECORD

REPORT OF MEDICAL EXAMINATION

DATE OF EXAM

6/18/02

1. LAST NAME - FIRST NAME - MIDDLE NAME: 888 - 00 - 0693

2. IDENTIFICATION NUMBER: 888 - 00 - 0693

3. GRADE AND COMPONENT OR POSITION

4. HOME ADDRESS (Number, street or RFD, city or town, state and ZIP Code)

5. EMERGENCY CONTACT (Name and address of contact)

6. DATE OF BIRTH: 2/26/79

7. AGE: 23

8. SEX: FEMALE MALE

9. RELATIONSHIP OF CONTACT

10. PLACE OF BIRTH: PEPPER

11. RACE: WHITE BLACK AMERICAN INDIAN/ALASKA NATIVE HISPANIC WHITE HISPANIC BLACK ASIAN/PACIFIC ISLANDER

12a. AGENCY

12b. ORGANIZATION UNIT

13. TOTAL YEARS GOVERNMENT SERVICE
a. MILITARY b. CIVILIAN

14. NAME OF EXAMINING FACILITY OR EXAMINER, AND ADDRESS: (b)(2)

15. RATING OR SPECIALTY OF EXAMINER: FP

16. PURPOSE OF EXAMINATION: Detainment

17. CLINICAL EVALUATION

ABNOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL	(Check each item in appropriate column, enter "NE" if not evaluated.)	ABNOR- MAL
	A. HEAD, FACE, NECK AND SCALP	(b)(3)	O. PROSTATE (Over 40 or clinically indicated)	
	B. EARS - GENERAL (INTERNAL CANALS) (Auditory acuity under items 39 and 40)		P. TESTICULAR	
	C. DRUMS (Perforation)		Q. ANUS AND RECTUM (Hemorrhoids, Fistulae) (Hemocult Results)	
	D. NOSE		R. ENDOCRINE SYSTEM	
	E. SINUSES		S. G-U SYSTEM	
	F. MOUTH AND THROAT		T. UPPER EXTREMITIES (Strength, range of motion)	
	G. EYES - GENERAL (Visual acuity and refraction under items 28, 29, and 30)		U. FEET	
	H. OPHTHALMOSCOPIC		V. LOWER EXTREMITIES (Except feet) (Strength, range of motion)	
	I. PUPILS (Equality and reaction)		W. SPINE, OTHER MUSCULOSKELETAL	
	J. OCULAR MOTILITY (Associated parallel movements nystagmus)		X. IDENTIFYING BODY MARKS, SCARS, TATTOOS	
	K. LUNGS AND CHEST		Y. SKIN, LYMPHATICS	
	L. HEART (Thrust, size, rhythm, sounds)		Z. NEUROLOGIC (Equilibrium tests under item 41)	
	M. VASCULAR SYSTEM (Varicosities, etc.)	(b)(3)	AA. PSYCHIATRIC (Specify any personality deviation)	
	N. ABDOMEN AND VISCERA (include hernia)	10	BB. BREASTS	
			CC. PELVIC (Females only)	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 42 and use additional sheets if necessary.)

19. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

20. REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES: (b)(3):10 USC §130b,(b)(6)

RIGHT	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	LEFT
	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17		

19. TEST RESULTS (Copies of results are preferred as attachments)

A. URINALYSIS: (1) SPECIFIC GRAVITY (2) URINE ALBUMIN (3) URINE SUGAR (4) MICROSCOPIC

B. CHEST X-RAY OR PPD (Photo, date, film number and result): NAD

C. SYPHILIS SEROLOGY (Specify test used and results)

D. EKG

E. BLOOD TYPE AND RH FACTOR

F. OTHER TESTS

NAME: [Redacted] IDENTIFICATION NUM: [Redacted] NO. OF SHEETS ATTACHED: [Redacted]

MEASUREMENTS AND OTHER FINDINGS

20. HEIGHT: 67 21. WEIGHT: 172 22. COLOR HAIR: Blue 23. COLOR EYES: Brown 24. BUILD: SLIM MEDIUM HEAVY OBSE 25. TEMPERATURE: 99°

26. BLOOD PRESSURE (Arm at heart level):
 A. SITTING: SYS. 141, DIAS. 79
 B. RECLIN. BENT: SYS. [Redacted], DIAS. [Redacted]
 C. STANDING (5 mins.): SYS. [Redacted], DIAS. [Redacted]
 D. AFTER EXERCISE: [Redacted]
 E. 2 MINS. AFTER: [Redacted]

28. DISTANT VISION: RIGHT 20/ [Redacted], CORR. TO 20/ [Redacted], BY [Redacted] S. [Redacted] CX [Redacted]
 LEFT 20/ [Redacted], CORR. TO 20/ [Redacted], BY [Redacted] S. [Redacted] CX [Redacted]

31. HETEROPHORIA (Specify distance):
 ESO [Redacted] EXO [Redacted] R.H. [Redacted] L.H. [Redacted] PRISM DIV. [Redacted] PRISM CONV. CT [Redacted] PC [Redacted] PD [Redacted]

32. ACCOMMODATION: RIGHT [Redacted] LEFT [Redacted]
 33. COLOR VISION (Test used and result): [Redacted]
 34. DEPTH PERCEPTION (Test used and score): UNCORRECTED [Redacted] CORRECTED [Redacted]
 35. FIELD OF VISION: RIGHT [Redacted] LEFT [Redacted]
 36. NIGHT VISION (Test used and score): [Redacted]
 37. RED LENS TEST: [Redacted]
 38. INTRAOCULAR TENSION: RIGHT [Redacted] LEFT [Redacted]

39. HEARING: RIGHT W/V [Redacted] /155V /15 LEFT W/V [Redacted] /155V /15
 40. AUDIOMETER: [Table with frequencies 250, 500, 1000, 2000, 3000, 4000, 6000, 8000 Hz and results for Right and Left ears]

42. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY:
 PMH: Kidney stones, [Redacted]
 PSH: [Redacted]
 Meds: [Redacted]
 Allergies: [Redacted]
 Recent tobacco/drug use: [Redacted]
 ID Screening Questions:
 Cough? Y or N
 Duration of cough? [Redacted]
 Productive cough? Y or N
 Hemoptysis? Y or N
 Fever? Y or N Duration? [Redacted]
 Night Sweats? Y or N
 Diarrhea? Y or N Bloody? Y or N
 Rash? Y or N
 (Use additional sheets if necessary)

43. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

1) No PVD
 2) No nephrolithiasis or (no dysuria)

44. RECOMMENDATIONS - FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify):
 45A. PHYSICAL PROFILE: [Table with columns P, U, L, H, E, S]

46. EXAMINEE (Check):
 A. IS QUALIFIED FOR [Redacted]
 B. IS NOT QUALIFIED FOR [Redacted]

47. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER: [Redacted]

48. SIGNATURE: (b)(3):10 USC §130b,(b)(6)

49. TYPED OR PRINTED NAME OF PHYSICIAN: [Redacted]

50. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (indicate which): [Redacted]

51. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR APPROVING AUTHORITY: [Redacted]

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
	<p>FOREIGN OBJECTS, & S/S OF INFECTION MODERATE AMOUNT OF CERUMIN (R) EAR, TM INTACT & DRAINAGE, & FOREIGN OBJECTS, & S/S OF INFECTION MODERATE AMOUNT OF CERUMIN (A/P) IRRIGATED BOTH EARS WITH HYDROGEN PEROXIDE AND STERILE IRRIGATION FLUID REMOVED MODERATE AMOUNTS OF CERUMIN WILL F/U</p>
2	<p>DET PEN. (b)(3):10 USC §130b,(b)(6)</p>
	<p>(b)(3):10 USC §130b,(b)(6)</p>
24 May 06	<p>S: Delaines reports plaque white on gums and he needs a cavity fixed. D: F3 Exam A: Temp extraction #19 heavy buccal calculus formation #21, #22, #23 #17 today - good seals and pink #18 - Epoxide</p>
25 May 06	<p>V. Proprietary / see notes for Robert US600 (b)(3):10 USC §130b,(b)(6)</p>

DENTAL EXAM

SDM Form Approved 2-20-03 (Rev)

Reason for Examination: Annual / Periodic / Separation / DD2808 / Other

Chief Complaint: None

Use INK!

Type of Exam: I-1 I-2

Blood Pressure: 138/76 Hg dated:

Reviewed

NOE: WNL

Radiographs Ordered: SWS Pano PA#

Findings: (except caries)

Caries, defective restorations & fractured teeth. (radiographic & clinical) None / Noted as follows:

Incip:

OCS/Soft Tissue: WNL

Endo: WNL

TMD: WNL / Pain / Dysfunction

Occlusion: WNL

Oral Surgery: WNL/Impacted #

Partial Impacted (Comm):#

Symptomatic #

Other findings:

NOO FUNCTIONAL #5 1, 16

MAXILLA GINGIVAL SWELLING
* DENTAL #24

	R	PSR	L
Max	3	3	3
Mand	3	4	3

A: Assessment of Chief Complaint:

Perio: Healthy / Stis (Local/Gen) / Pdis (Mild/Mod/Severe) / Other

Oral Surgery:

Endo:

Tobacco use: None/

Other:

RISK ASSESSMENT		
Caries	Perio	Cancer
High	High	High
Mod	Mod	Mod
Low	Low	Low

P: Treatment Plan

Department	TREATMENT NEEDS				DATA ENTRY	
	Sequence	Urgent	Sequence	Routine	Urgent	Routine
HYGIENE		RDH(1) DT(2) DO(3)		RDH(1) DT(2) DO(3)	1 2 3	1 2 3
OPER Regular					1 2 3 4	1 2 3 4
(Teeth) Priority					5 6 7 8	5 6 7 8
(*) High					1 2 3 4	
Priority					5 6 7 8	
ORAL					1 2 3	1 2 3
SURG Simple	1 16 17 32		1 16 17 32		4 5 6	4 5 6
Complex					1 2 3	1 2 3
(Teeth)	1 16 17 32		1 16 17 32		4 5 6	4 5 6
PERIO Eval					1	1
Non-warm	1 2 3 4		1 2 3 4		1 2 3 4	1 2 3 4
(Quad) Surg	1 2 3 4		1 2 3 4		1 2 3 4	1 2 3 4
ENDO Ant					1 2 3	1 2 3
(Tooth) Post					1 2 3	1 2 3
PROS					1 2 3	1 2 3
(Tooth) Bond					4 5 6	4 5 6
(Tooth) Post					1 2	1 2
ORAL DIAG					1	1
SEALANTS					1 2 3	1 2 3
(Tooth)					4 5 6	4 5 6

ADDITIONAL REMARKS

(b)(3):10 USC §130b,(b)(6)

Risks associated with tobacco use and where to seek cessation assistance

For recall compliance and T2 score

performed and date

Frequency Sequence

Date

Place

RECALL DATE

RECALL INTERVAL

COUNCIL CLASS

ISN 888 80 0693